

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR		09-06-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	(M)	135	10/01
RESPONSE FORMALITY REVIEW	AH	917	04-23-02

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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04/23/02

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